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Urban District of Woodhall Spa

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1948

WOODHALL SPA URBAN DISTRICT COUNCIL

A n n u a l . R e p o r t

of the

M e d i c a l O f f i c e r o f H e a l t h

1 9 4 8

PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health

W.D. SWINNEY, M.B., Ch.B., D.P.H.

Sanitary Inspector

N.R. BOLTON, M.S.I.A., A.R.S.I.



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To the Chairman and Members,
Woodhall Spa Urban District Council.

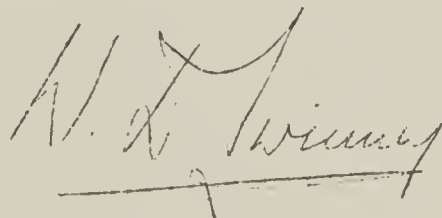
Mr. Chairman and Members of the Council,

I have the honour to submit to you the Annual Report of the Medical Officer of Health for the year ended 31st December, 1948, prepared in accordance with statutory requirements.

As will be seen the most substantial changes from previous years occur in the Section dealing with Health Services and their general provision and arise from the coming into effect, on 5th July, 1948, of the National Health Service Act, 1946. It is not within the scope of this report to advance views on this comprehensive piece of Health legislation, but it is perhaps not out of place to request the public to bear in mind that all Doctors, and others with them, who have undertaken to work within the framework of the Act are doing so to the best of their not inconsiderable abilities, often under most difficult conditions of lack of fully adequate facilities to deal with steadily increasing work and demands on their professional skill. If this is remembered the public will then play its part in ensuring that the National Health Service Act develops into a powerful instrument, not merely for securing medical treatment, but for raising the standard of health in all its aspects, and will not, by fatuous demands and trivialities, so waste the time, particularly of general practitioners, as to make it well nigh impossible for them to give proper attention to those really in need.

In conclusion may I thank all members of the Council and of the Council's staff for their help and co-operation throughout the year.

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'A. J. Wainwright', with a horizontal line drawn underneath it.

Medical Officer of Health.

STATISTICS

1874 acres.

ATE OF RESIDENT POPULATION: 1816.

0.969 persons per acre.

S: 586 ✕

RATE: £44. 14. 6d.

ISTRIC: £11,222.

ADDENDUM AND CORRIGENDUM

he increase over the 1947 figure
ons into flats, in addition to new

TAL STATISTICS

p.3. At foot of page add,

"Mean Age at Death,

64.64 years"

Live Births

Males

Females

Total

... ..

5

11

16

... ..

1

-

1
17

p.21. In second last line,

for "inspections" read

"inspectors".

d estimated population: 9.361

Still Births

Males

Females

Total

... ..

-

-

-

... ..

-

-

-

usand total (Live and Still) births: 00.00

nd Still) per thousand population: 9.361

Deaths

Females

Total

15

31

Maternal Mortality

Number of Women dying as a result of childbirth.

(Headings No. 29 and No. 30 in the Registrar General's Short List)

	Deaths	Rates per 1,000 Total Births.
No. 29 Puerperal Sepsis	-	-
No. 30 Other Puerperal Causes ...	-	-

Maternal Mortality Rate per 1,000 Total Births
(Live and Still): 00.00

Death Rate of Infants under One Year of Age

Total No. of deaths of Infants under 1 year of age ...	1
All infants per thousand live births... ..	58.82
Legitimate Infants per thousand legitimate births ...	62.50
Illegitimate Infants per thousand illegitimate births ...	00.00

Other Statistics

Deaths from Cancer (all ages)	4
Measles (all ages)... ..	-
Whooping Cough (all ages)	-
Diarrhoea (under two years)	-
Heart Disease (all ages)... ..	13

Causes of Death as shown in the Registrar General's Short List

Short List No.	Cause of Death	Males	Females	Total
1.	Typhoid and Paratyphoid Fevers	-	-	-
2.	Cerebro Spinal Fever	-	-	-
3.	Scarlet Fever	-	-	-
4.	Whooping Cough	-	-	-
5.	Diphtheria	-	-	-
6.	Tuberculosis of the Respiratory System	1	-	1
7.	Other forms of Tuberculosis	-	-	-
8.	Syphilitic Diseases	-	-	-
9.	Influenza	-	-	-
10.	Measles	-	-	-
11.	Acute Poliomyelitis and Polioencephalitis	-	-	-
12.	Acute infectious Encephalitis	-	-	-
13.	Cancer of the Buccal Cavity and Oesophagus (male), uterus (female)	-	1	1
14.	Cancer of Stomach or Duodenum	-	-	-
15.	Cancer of Breast	-	1	1
16.	Cancer of all other sites	1	1	2
17.	Diabetes	-	1	1
18.	Intra-Cranial Vascular Lesions	2	1	3
19.	Heart Diseases	6	7	13
20.	Other Diseases of the Circulatory System	-	-	-
21.	Bronchitis	1	-	1
22.	Pneumonia	-	1	1
23.	Other Respiratory Diseases	-	-	-
24.	Ulcer of the Stomach or Duodenum	-	-	-
25.	Diarrhoea under two years	-	-	-
26.	Appendicitis	-	-	-
27.	Other digestive Diseases	1	2	3
28.	Nephritis	-	-	-
29.	Puerperal and Post-abortion Sepsis	-	-	-
30.	Other Maternal Causes	-	-	-
31.	Premature Birth	-	-	-
32.	Congenital Malformation, Birth Injury, Infantile Diseases	1	-	1
33.	Suicide	1	-	1
34.	Road Traffic Accidents	-	-	-
35.	Other Violent Causes	1	-	1
36.	All other Causes	1	-	1
TOTALS		16	15	31

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

The year 1948 was characterised by local epidemics of Whooping Cough and Measles - 90 cases of the former and 53 of the latter disease, compared with 9 and 6 cases in 1947, and a total of 22 and 29 cases in the period 1944 - 1946. The low incidence of these conditions in immediately preceding years meant that a very high percentage of the young population was susceptible and the number of immunes correspondingly small, a condition which almost inevitably leads to epidemic spread of infection.

Of the 4 cases of Scarlet Fever, 2 occurred in the same premises and seemed from the time interval more likely to be due to a common source than to the first case having passed on infection to the second. This possible source could not be demonstrated. The remaining two cases were unconnected with the first two or with each other. It is known, however, that at the time when all four cases occurred there was prevalent in the District a low-grade upper respiratory-tract infection, of streptococcal origin, characterised by conjunctivitis, tonsillopharyngitis and the production of post-nasal mucopurulent secretion.

The continued complete absence of Diphtheria from the list of notifications is a matter for satisfaction and although 1948, unlike 1947, was not an epidemic year for Poliomyelitis, it is gratifying to record that there was no case in Woodhall Spa.

Infectious Disease Notifications

Disease	Civilian Cases	Service Cases	Treated in Hospital	Deaths
Measles	53	-	-	-
Pneumonia	5	-	-	1
Scarlet Fever	4	-	1	-
Whooping Cough	90	-	-	-
All others	-	-	-	-
TOTALS	152	-	1	1

Tuberculosis Statistics

As will be seen from the following Table, the incidence of new cases of Tuberculosis and the death rate therefrom continued to be satisfactorily low.

Ages in Years	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
0-1	-	-	-	-	-	-	-	-
1-5	-	-	-	-	-	-	-	-
5-10	-	-	-	-	-	-	-	-
10-15	-	-	-	-	-	-	-	-
15-25	-	-	1	-	-	-	-	-
25-35	-	-	-	-	1	-	-	-
35-45	-	-	-	-	-	-	-	-
45-55	1	-	-	-	-	-	-	-
55-65	-	-	-	-	-	-	-	-
65 & over	-	-	-	-	-	-	-	-
Totals	1	Nil	1	Nil	1	Nil	Nil	Nil

Cases on District Register at 31st December, 1948

	Males	Females	Total
Respiratory	6	5	11
Non-respiratory	5	4	9
Totals	11	9	20

Diphtheria Immunisation

With effect from 5th July, 1948 the responsibility for immunisation against Diphtheria of children of all ages was vested in the County Council. Previous to that date the County Council's responsibility ended when children attained the age of 5 years.

The following figures have been supplied by the County Health Department:

Children Immunised in the Woodhall Spa Urban District during 1948

Under 5 years of age	32
5 - 14 years of age	-
Booster doses	5

Immunisation, if not already done, and re-immunisation, is carried out in conjunction with School Medical Inspections but it is hoped that all - repeat "all" - parents will ensure that their children are primarily immunised before their first birthday and that they will sign consent forms sent to them, providing for re-immunisation, when School Health Authorities advise that this is necessary.

The importance of this cannot be too strongly emphasised.

Inoculations are also given by family doctors, at Infant Welfare, and at School (Minor Ailment) Clinics.

Vaccination against Smallpox

Previous to the appointed day for the National Health Service Act there was at least a show of compulsion with regard to vaccination of children, in as much that a child had to be vaccinated by the age of six months unless there were medical reasons why this should not be done or the parents had signed a form of conscientious objection to the procedure. This conscientious objector's clause had already done much to detract from a satisfactory vaccination state throughout the country, but the present position is a hundred times worse, as there is now no legislation compelling vaccination at any age.

For the following reasons the greatest effort must be made to secure, by obtaining parent's co-operation, the high level of vaccination which cannot now be obtained by force of law but which is still as necessary as ever, and in this respect it is to be deplored that the percentage of children vaccinated in the early months of life is showing a steady decline throughout the country, and that Woodhall Spa is no exception to the general trend is

evidenced by the fact that the latest figures available from the County Health Department show that between 5th July and 31st December, 1948 only one child under the age of one year was vaccinated.

1. The best age for primary vaccination is, in the case of a normal healthy child, about 4 months, because at that age any undesirable side-effects of the procedure are reduced to an absolute minimum, and the great majority of infants are entirely unaffected. Primary vaccination of school children adolescents and adults is more likely to be followed by upsets, particularly by a serious, sometimes fatal complication, post-vaccinal encephalitis, which, although rare at any age, is almost completely unknown as a sequel of vaccination in the first months of life.

2. With the increasing use of air travel all parts of the world are now within reach of these shores in a period of time substantially below even the minimum incubation period of smallpox. This means, of course, that the chances of unsuspected incubating cases, entering the country and making many contacts before they first manifest symptoms, or the disease is diagnosed, is increasing greatly.

3. The infants of today, as adults, will have more chances of visiting parts of the world where smallpox is endemic, than their parents have had. The foundations of their immunity to the disease should be laid in early infancy, the optimum time, and not when they have grown up.

4. One cannot take a too complacent view of the prospects of indefinite world-wide peace. The time may yet come when thousands of young men and women will be called upon to serve in the forces in all parts of the world. If they are not first vaccinated at the best and safest age they will have to undergo primary vaccination at an age when it is less pleasant and even a more dangerous procedure.

Vaccination is performed by General Practitioners and also at Infant Welfare Centres.

HEALTH SERVICES - GENERAL PROVISION

Till 5th July, 1948, the provision of health services in the district was exactly the same as outlined in the Report of the Medical Officer of Health for the year 1947. That day was, however, the "appointed day" for the National Health Service Act, 1946, and although an alteration was not immediately apparent, changes in certain services - both in scope and in administration - occurred.

In the nature of things there could not be a complete change-over from the old order to the new, immediately on the Act's becoming operative, and even yet the process is not complete in certain directions and cannot immediately be completed for various reasons including a shortage of personnel with necessary qualifications, training or experience, and administrative difficulties arising from the transition period.

The following summary of health services indicates the present position, and coming developments in the District, and it will be noted that, in addition to Lindsey County Council, other administrative bodies have, under the National Health Service Act, responsibility for making certain provisions for ensuring an ever increasing standard of health.

The Family Doctor

All Doctors in General Medical Practice in the Urban District and in the adjacent parts of the Horncastle Rural District, are participating in the new health service. Everyone over the age of 16 can select his or her own doctor, provided that the doctor is willing to accept the patient, and parents or guardians will choose for persons below that age, or for persons who for other reasons are unable to make their own choice.

Arrangements for this service are in the hands of the Local National Health Service Executive Council.

Maternity Service

This is now a responsibility shared by Lindsey County Council and by the Local National Health Service Executive Council.

A midwife employed by the County Council is centred on the Urban District, and this development has meant the end, not without regret, of the Woodhall Spa Nursing Association's useful life. It may be mentioned in passing that, at the time of writing, this change has been one more of administration than of personnel and that the midwife in question is still the same.

In addition, the services of a doctor may be made available before, during and after confinement, and the Local Executive Council can arrange for an expectant mother to be attended by a general practitioner obstetrician - not necessarily her own doctor.

Two other aspects of the domiciliary obstetrical service can be conveniently mentioned here:- the provision by the County Council of a Priority Dental Treatment Service for expectant and nursing mothers and the supply by the same body of maternity outfits, where such a need is represented by a Doctor or midwife.

Reference to maternity hospitals and Homes is made under the appropriate heading.

Nursing in the Home

This service is now provided, under the provisions of the National Health Service Act, by Lindsey County Council and is no longer even partly organised by a Voluntary Committee.

One Nurse-Midwife is centred on Woodhall Spa, and it is the intention of the County Council to utilise, if possible and necessary, the services of trained nurses who may reside in the District and who, although not practising their profession on a full-time basis, may be agreeable, part-time, to assist in the extension of the Home Nursing Service.

The County Council supplies Sick Room appliances (for the use of which a small charge may be made) on the recommendation of a patient's doctor.

Should the need arise the services of specially trained infectious diseases nurses are also available.

Health Visiting

A staff of Health Visitors, one of whom is resident in the Urban District, is maintained by the County Council for the purpose of advising on the care of children, nursing mothers, and in general matters of public health.

A most useful liaison is maintained between the Health Visitor and this Council's Medical Officer of Health.

Home Help Service

A service, still largely in its infancy, to provide domestic assistance during the lying-in period in maternity cases,

in cases of illness and in cases of elderly and infirm people, is provided by the County Council on payment of a charge based on family income. It should be noted that a Home Help is not a Nurse and that her duties in no way over-lap those of the District Nurse.

It is a pity that the County Council is experiencing the greatest difficulty in finding women who are willing to act as home helps as this is limiting the usefulness of the scheme to a very marked extent.

Ambulance Provision

Ambulances for all purposes - accident, general and infectious disease - are maintained by Lindsey County Council, on whom this service has been imposed as a statutory duty. As a result of this the Local Voluntary Ambulance Committee has been wound up and its ambulance acquired by the County Council. Under the new arrangements, there is no longer an ambulance garaged in the Spa, the nearest being at Horncastle.

It must be stated, however, that an ambulance can always be most expeditiously obtained when necessary, through the Ambulance headquarters at Louth, which sends the nearest ambulance in the event of the Horncastle one being out on duty.

In addition to ambulances a Hospital Car Service is available for conveying to hospital persons unable to travel by public transport but not requiring an actual ambulance.

Treatment Centres and Clinics

To implement its obligations as Education and Maternity and Child Welfare Authority Lindsey County Council provided during the year the following Clinic facilities at Rolleston House, Bridge Street, Horncastle. No Clinics are held actually in the Urban District.

<u>Clinic</u>	<u>Day and Time</u>
Ante-Natal	First and Third Tuesdays of the month. 10 a.m.
Infant Welfare	First and Third Tuesdays of the month (Doctor in attendance) 2 p.m. Other Tuesdays (Health Visitor in attendance) 2 p.m.
Remedial Exercise	Wednesdays. 10 a.m.
School(Minor Ailments)	Thursdays. 10 a.m.
Ear, Nose and Throat	By arrangement
Dental	By arrangement
Ophthalmic	By arrangement

Clinics as under are held at the Methodist Church Schoolroom, Dogdyke Road, Coningsby, under arrangements which became effective in August, 1948.

School (Minor Ailments)
Infant Welfare

Mondays. 10 a.m.
First and Third Mondays of
the month. 2 p.m.

The services of other Specialists and Consultants are also available by special arrangement and appointment.

Tuberculosis Clinic and Dispensary

At the end of 1948 this was still being held, as in previous years, on Thursday mornings at 10 a.m. in Rolleston House, Horncastle, but this is now only a temporary arrangement.

The National Health Service Act has put the responsibility for the treatment of all forms of tuberculosis on, in this District, the Sheffield Regional Hospital Board, which operates this service through the Central Lincolnshire Chest Unit, and it will be only a matter of time before the Horncastle Clinic for Tuberculosis, in common with other similar clinics throughout the County, will no longer form part of the County Council's Health Services.

The disappointing feature of this coming change is that your Medical Officer of Health, who was in the past also Tuberculosis Medical Officer, under Lindsey County Council, for Woodhall Spa and the surrounding district will, in the future, have no part in the actual treatment of cases of Tuberculosis, although he will still, of course, have an interest in environmental conditions affecting cases and exercise some part of what function still remains with the County Council, namely after-care.

Laboratory Facilities

There has been no change in existing arrangements which satisfactorily meet all needs.

Bacteriological	-	The Public Health Laboratory, St. Edmund's Chambers, Bank Street, Lincoln.
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Chemical	-	W.W. Taylor, Esq., B.Sc., F.R.I.C., Public Analyst and Consulting Chemist, 1, Regent Street, Nottingham.
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HOSPITALS

General Hospitals

All Hospitals in the area having been Nationalised there are no longer either local authority or voluntary hospitals, but all come under the control of the Sheffield Regional Hospital Board, which exercises day to day management via Hospital Management Committees.

Nearest to the Urban District are the County Hospital, Lincoln; the County Infirmary Louth; and Boston General Hospital, all of which provide full in-patient and out-patient facilities.

The Horncastle War Memorial Hospital provides limited in-patient facilities and the Alexandra Hospital Woodhall Spa continues its specific work in Rheumatic and Arthritic conditions. Although the latter has been nationalised and the Spa Baths have not, Spa treatment of Hospital patients can be arranged within the framework of the National Health Service Act.

Infectious Diseases Hospitals

The Nationalisation of these Hospitals has relieved the previous situation whereby the Medical Officer of Health had to rely on the co-operation of Local Authorities maintaining fever hospitals, to secure the isolation of cases of infectious disease, occurring in the District.

The Hospitals of which most use would be made should the need arise are the City Infectious Diseases Hospital, Lincoln, and the Boston Isolation Hospital.

Tuberculosis Hospitals and Sanatoria

These institutions previously maintained by Lindsey County Council, and others maintained by other Local Authorities, to which Tuberculosis patients from the District have gone in the past are now administered by Regional Hospital Boards.

The change of management has, however, brought about no improvement in the bed-state and lack of both nursing and domestic staff continues greatly to handicap these establishments and to force to remain at home cases of Tuberculosis which, both in their own interest and in the interest of public health should be in a suitable institution.

Cases from the District are admitted when possible to Branston, Louth, Brumby or Scarthoe, but sometimes have to go much further afield.

Maternity Hospitals

Admission to Maternity Hospitals is arranged, through

the provisions of the National Health Service Act, by the Doctor attending the case, or through the agency of a County Council Ante-Natal Clinic.

All Maternity Hospital accommodation in the area is administered by the Sheffield Regional Hospital Board.

SANITARY CIRCUMSTANCES OF THE URBAN DISTRICT

Water Supplies

Throughout the year the Council's water undertaking continued to supply a water of excellent quality and even when it might have been expected, because of the very open Winter with little snow of 1947 - 48, there was at no time any hint of shortage.

Fourteen samples were submitted for bacteriological examination during the year. Of these, twelve were satisfactory, and two were received too late at the laboratory for examination. There is no reason to believe, however, that these two samples were other than satisfactory, also.

The Council's plans to extend their mains into surrounding Rural Parishes, which fall within Woodhall Spa's Statutory area of supply, underwent a change during the year and in November negotiations were begun whereby it is proposed that Horncastle Rural District Council will acquire the 6" main from Horncastle; assume the statutory duty of supplying the parishes in question and integrate this with their comprehensive water scheme, at present in course of preparation. This would appear, most satisfactorily, to meet the needs of the case, but for the fact that it seems inevitable that the change will result in further delay.

A special Report on the needs of these Parishes was submitted to the Council, in the form of a letter, during the month of April.

Sewage Disposal

This public service has continued to function satisfactorily throughout the year during which time improvements in the Sewage Disposal works were begun. Before the end of December the two primary tanks had been partially

filled in, so as to lessen their depth, and new concrete floors constructed, and the three secondary tanks were completely cleaned out; floating arms and baffle-boards installed, and all re-concreted.

In early 1949 the work of providing two new sludge beds was begun.

While there is no doubt of the capacity of the sewage disposal works nor of the sewers to deal with the load imposed on them, there are, perhaps, grounds for wondering if there may not be, even in the near future, trouble arising from actual subsidence of the sewers, some of which lie in running sand. It is felt that this is a matter which merits the consideration of the Council.

Public Cleansing and Refuse Collection

As in previous years the Council continues to perform this service by Direct Labour and the use of a "Karrier Bantam" motor truck, with a body designed for refuse carrying.

The target aimed at is a once weekly removal from all private dwellings in the District, and a twice weekly collection from Hotels. Unfortunately, since this Council assumed responsibility for the County roads in its District, in April, 1948, it has not always been possible to collect from private houses more frequently than once in ten days, as the refuse truck and labour have had to be diverted to road repair and upkeep work on many occasions.

This cannot be regarded as satisfactory and the Council will have to ask itself if its resources both in vehicles and in man-power are sufficient to meet its obligations. Rather than a decrease in the number of refuse collections made, one should wonder if a doubtful once weekly removal is, in an Urban District, sufficient in hot weather to obviate the risk of nuisance arising from smell and from flies, with attendant danger to health.

The final method of disposal is by controlled tipping at a site adjacent to the Sewerage works and on the extreme outskirts of the District.

The Council also undertakes the collection of salvage, which imposes further strain on its refuse collection machinery.

Rivers and Streams

There have been no complaints of nuisance arising from the River Witham, over which Lindsey County Council exercises supervision in its capacity as Rivers Pollution Authority.

One dyke in the District, which eventually finds its way to the Witham, was, however, giving rise to a nuisance by smell. As the dyke was greatly over-grown it was not possible at first fully to explore the cause of the nuisance and the work of thoroughly cleansing out this dyke, although well-advanced, was not complete by the end of the year.

Swimming Bath

The Council, through its Parks and Playing Fields Committee, manages the public open-air swimming pool in the Jubilee Park, Stixwold Road, of which extensive use is made by the general public and by organised parties of school children from Woodhall Spa and the surrounding District.

The water used comes from the main supply and is continually circulating through the pool, a pressure filter and a chlorinator.

During the months when the pool was open, five samples of water were examined bacteriologically. All were satisfactory, none showing bacterial growth. In addition numerous estimations of residual chlorine were performed. These, at different times showed a content of from 0.1 to 0.6 parts per million. The latter figure errs rather on the high side for the comfort of bathers but is not dangerous, and from the public health point of view is preferable to a chlorine deficiency in the water.

It is hoped by another year to use the "Break-Point" system of chlorination in the pool.

Schools

The inadequacy of the accommodation in both buildings comprising the Woodhall Spa C.E. Public Elementary School continues, and was the subject of two adverse reports to the County Council after your Medical Officer, in his capacity as Assistant Schools Medical Officer, had carried out bi-annual examinations of children and inspections of the premises.

It is known that plans are in preparation for a long overdue improvement in the present unsatisfactory state of affairs and it is to be hoped that no false economy will prevent these plans from providing the District with a truly satisfactory School and not merely an unhappy, if cheaper, compromise between

what is and what should be.

Except in isolated cases no exception can be taken to the physique, development and cleanliness of the children and what is particularly striking is the decrease in numbers of children requiring, or awaiting Ear Nose and Throat Specialist attention - the result of improved facilities in this direction which the County Council has been able to provide in the area.

Mosquitoes and Flies

The Anti-Mosquito campaign of the previous two years was again repeated in 1948, with, it is believed, beneficial results.

This year the leaflet distributed to all ratepayers stressed the need and desirability for the elimination of flies rather than mosquitoes, on the grounds that while the latter are a source of annoyance they are not in this country very much more, whereas the former constitute a very real and substantial danger to health, often insufficiently realised.

Towards this end leaflets prepared by the Central Council for Health Education were also circulated.

SANITARY INSPECTION OF THE DISTRICT

At the beginning of the year the Council's Sanitary Inspector had been in office for only two months but had already discovered the difficulties attendant on being both Surveyor and Sanitary Inspector; the difficulties of finding time for the routine and inconspicuous sanitary work so essential to public health and communal hygiene, while having to meet the excessive and exacting demands, made of him in his capacity as Surveyor, by an apparently endless spate of complicated legislation accompanied by the inevitable flood of ill-conceived forms - the delight of Ministries; the bug-bear of those who have to complete them. Particularly time-absorbing, and becoming more so, is work resulting from the Town and Country Planning Act, and your Sanitary Inspector has also found that duties connected with County Roads in the District have since April, 1948, cut further into the time available for sanitary matters, already limited by lack of adequate clerical assistance, which has confined him to his office too often and too long. A Sanitary Inspector's most valuable hours are those which he can spend inspecting and advising, not those which he is obliged to spend on minor office tasks which should devolve on a Departmental Clerk.

Report of Work done by Sanitary Inspector

I	<u>Total No. of New Houses erected during the Year</u>	
	(1) By the Local Authority	2
	(2) By other Local Authorities	Nil
	(3) By other bodies or persons	3
II	<u>Inspection of Dwelling Houses</u>	
	(1) a. Total No. of dwelling houses inspected for housing defects (under Public Health and Housing Acts)	25
	b. No. of inspections made for the purpose	34
	(2) No. of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
	(3) No. of dwelling houses found not to be in all respects reasonably fit for human habitation	12
III	<u>Defects remedied without Service of Formal Notice</u>	7
IV	<u>Action under Statutory Powers</u>	Nil
V	<u>Housing Act, 1936 Part IV - Overcrowding</u>	
	(1) a. No. of dwellings known to be overcrowded at the end of the year	2
	b. No. of families dwelling therein	2
	c. No. of persons dwelling therein	21
	(2) No. of cases of overcrowding relieved during the year.	Nil
VI	<u>Bakehouses</u>	
	(1) No. in District	2
	(2) No. of underground Bakehouses	Nil
	(3) No. of inspections	12
	(4) Contraventions of Factory Acts	1
	(5) Defects remedied	Nil
	(Plans are in hand and approved for the complete rebuilding of one bakehouse)	
VII	<u>Cowsheds</u>	
	(1) No. on Register	5
	(2) No. of inspections	30

(3)	Contraventions of Regulations	Nil
(4)	Contraventions remedied	Nil
(5)	No. of milch cows in District	30

VIII Dairies and Milkshops

(1)	No. on Register	2
(2)	No. of inspections	20
(3)	Contraventions of Regulations	Nil
(4)	Contraventions remedied	Nil
(5)	Instances of disease attributed to milk	Nil

IX Shops Act, 1934

(1)	No. of Shops inspected	27
(2)	Improvements or alterations requested	Nil

X Water Supply

(1)	Percentage of Houses supplied by public supply	98.8
(2)	No. of samples of public supply submitted for bacteriological examination	14
(3)	No. of satisfactory reports received	12

(Two samples received too late to be reported on)

XI Drainage and Sewerage

(1)	All houses have water closets except 6 with privy vaults and 21 with pail closets. These, mostly, are remote from roads and sewers.	
(2)	No. of water closets repaired	1
(3)	Drains examined, tested, exposed, etc.	4
(4)	Drains unstopped, repaired, trapped, etc.	2
(5)	Drains reconstructed	4
(6)	Alterations to Sewage Disposal Works - see under heading "Sanitary Circumstances of the Urban District - Sewage Disposal".	

XII Disinfection

(1)	No. of rooms disinfected after ordinary infectious disease	1
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XIII House Refuse

See under Section "Sanitary Circumstances of the Urban District - Public Cleansing and Refuse Collection"

XIV Nuisances

(1)	No. of nuisances during the year	4
(2)	Abated as a result of informal action	3
(3)	Being investigated to find satisfactory method of abatement (foul dyke)	1

Factories Act, 1937

(1)	No. of Factories in which Secs. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	3
(2)	No. of inspections of above	7
(3)	Factories in which Sec. 7 is to be enforced by Local Authorities	7
(4)	No. of inspections of above	16
(5)	Defects found	
	(a) Ineffective Drainage	1
	(b) Sanitary conveniences unsuitable or defective	1
(6)	Defects remedied	2

Meat Inspection

There are no slaughterhouses in Woodhall Spa, and under the present Centralised Slaughtering Scheme all fresh meat consumed in the District is slaughtered at the Ministry of Food Abattoir in Horncastle, a building which does not even begin to approach minimum standards of hygiene. Horncastle Urban District Council is taking strong action with the Ministry to secure considerable improvements in this most unsatisfactory state of affairs.

Meat inspection is performed by the Sanitary Inspector of Horncastle Urban District Council, and in his absence for any reason, by one of the Sanitary Inspectors of Horncastle Rural District Council.

The following Table details the work of the inspections for the year.

	Cattle including Cows	Calves	Sheep and Lambs	Pigs
Number Killed	736	360	2449	161
Number Inspected	736	360	2449	161
<u>All Diseases except Tuberculosis</u>				
Whole Carcasses condemned	7	6	26	5
Carcasses of which some part or organ was condemned	59	1	72	20
Percentage of the number inspected affected with disease other than Tuberculosis	9	2	4	15.5
<u>Tuberculosis Only</u>				
Whole Carcasses condemned	20	-	-	3
Carcasses of which some part or organ was condemned	13	-	2	3
Percentage of the number inspected affected with Tuberculosis	4.5	-	.08	3.75

